

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10695371**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51								
2				1			52					3			
3				1			53					3			
4				1			54					3			
5			1				55					3			
6				1			56					1			
7				1			57			1					
8				2			58			1					
9				2			59			1					
10				2			60			1					
11				2			61			1					
12				1			62			1					
13				1			63			1					
14				1			64			1					
15							65								
16							66								
17				2			67								
18				2			68								
19				2			69								
20				2			70								
21				2			71								
22				2			72								
23				2			73								
24				2			74								
25				2			75								
26				2			76								
27				2			77								
28				2			78								
29				2			79								
30				2			80								
31				2			81								
32				2			82								
33				2			83								
34				2			84								
35				2			85								
36				2			86								
37				2			87								
38				2			88								
39				2			89								
40				1			90								
41				1			91								
42				1			92								
43				1			93								
44				1			94								
45				1			95								
46				1			96								
47				1			97								
48				1			98								
49				3			99								
50				3			100								
TOTAL IND.			2				TOTAL IND.			8					
TOTAL DEP.			80				TOTAL DEP.								
TOTAL CLAIMS			90				TOTAL CLAIMS								